THE

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

L. P. YANDELL, M.D., and H. A. COTTELL, M.D.

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THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 26, 1884.

Original.

NEUROTIC AFFECTIONS ACCOMPANYING JOINT LESIONS.*

BY GEORGE W. JACOBY, M. D.

The history of the subject goes back as far as Hippocrates, by whom it is mentioned. John Hunter was the next to take any note of it, and it is with him that the sympathetic theory originated. Malgaigne, 1826; and within the last ten years, Weir Mitchell, Duchenne, Verneuil, Sir James Paget, and Charcot and his pupils comprise the list of names that have cast light upon the subject. The experiments of Valtat show conclusively that, as a result of injury to the articular or even to the peri-articular tissue produced by irritant injections, the muscles of the entire limb, but more particularly the extensors of the joint, become atrophied. The result of the experiment given in the paper, as shown by the autopsy, is that the extremity which was experimented upon lost eighty grams in weight in twelve days, and that each and every muscle separately weighed less than its corresponding fellow of the left side.

The affections which most frequently follow joint disorders are paralysis and atrophy of the muscles and hyperplasia of the subcutaneous connective tissues. More uncommon are anesthesia, hyperesthesia, analgesia, hyperalgesia, and neuralgias.

Three groups of nerve functions are implicated—motility, sensation, and nutrition. Symptoms are, after the joint-lesion, a change in the appearance of the limb. The extensor muscles are generally the ones involved. There is a change in the electrical reaction of the muscles, their contractile power is diminished and finally lost. There is no reaction from nerve degeneration; no reversion to the normal formula of contraction. This is also most noticeable in the extensors. The paralysis may appear as early as twenty-four hours after the accident; may also appear very late. The hypertrophy of subcutaneous connective tissue seems to stand in a direct ratio to the atrophy of muscular substance. The atrophy is ascending and progressive. *Contracture* is rare. The disorders of sensation are early symptoms, and a differential diagnosis between these affections and progressive muscular atrophy may become difficult.

The conclusions which I am entitled to draw from the notes of thirty cases are, first, that in all cases, except those involving the ankle or wrist-joint, the muscles affected are the extensors of the diseased articulation; second, that in those cases which involve the ankle or wrist-joint the affection is descending instead of ascending, and that the extensors are not affected to any greater extent than the other muscles; third, that in cases of arthritis of any of the joints of the fingers the interosseous muscles suffered first and most.

The cases which present particular interest are the following:

CASE 1: Mrs. L., age twenty-four, while walking, slipped and fell, striking her right knee. The joint rapidly increased in size and was very painful. The following day it was very much enlarged, the patella was pushed forward, and fluctuation was distinctly noticeable. The joint affection improved rapidly, but upon the seventh day a distinct paralysis was noticeable. The movement of flexion of the leg upon the thigh was easily executed, but that of extension was attended with great difficulty. Patient could only by the strongest effort produce any contraction of the triceps cruris. As the effusion became absorbed, the paralysis increased, and at the end of

*Read before the New York Neurological Society, December 4, 1883. From advanced sheets of the Society's proceedings.

three weeks it was impossible for her to extend the leg at all. Atrophy was now well marked, showing a difference of three centimeters in favor of the healthy limb. The gluteal muscles were also involved. The electro-contractility of the muscles was decreased to both currents.

CASE II: This case shows how soon after the injury paralysis and atrophy may ensue. Patient, a laborer, age thirty-four, was struck upon the left knee on a Friday afternoon. He applied ice to the joint. The swelling went down. I saw him on the following Monday, seventy-two hours after the injury, and then a distinct paralysis of the triceps cruris was noticeable, and atrophy was distinguishable upon the following Friday.

CASE III: By this case may be seen how entirely disproportionate the effect may be to the cause. Patient, L. H., merchant, age thirty. While walking his left ankle-joint turned, the outer margin resting upon the ground. Notwithstanding severe pain he continued his walk—used the joint for several hours. When he examined his foot he did not notice any change in its appearance, but it was painful on pressure. After two months he noticed a slight weakness in the injured leg, which was particularly observable upon going down stairs. Four months after the accident I saw him. His condition was then as follows: His foot hangs with the toes pointing downward, and can not be brought to a right angle with the leg; he walks upon his toes, and does not bring his heel to the ground; the toes may be easily raised, but they fall back again by their own weight. The interossei of the foot are atrophied. The peroneal muscles and the muscles of the thigh are also involved. The gluteus maximus is evidently considerably atrophied, for a large depression takes the place of its former prominence. Added to this, severe neuralgia of the sciatic and peroneal nerves renders his condition almost unendurable.

The pathogenesis of the affection is still a disputed one. The sympathetic, of Hunter, the pressure theory of various writers, the theory of functional inertia, then that of Vulpian, which is reflex, and finally those of Decosse and Charcot, are all incapable of satisfactorily explaining all of the cases.

The treatment, in order to be successful, must be varied and adapted to each special case. The chief agents at our disposal are electricity, massage, mechano-therapy, and hydro-therapy in the form of hot and cold douches. Massage in very many cases seems to deserve preference to the electrical currents. The effects produceable by massage are, (1) The diffusion of any articular effusion; (2) the destruction of vegetations; (3) the loosening and removal of adhesions; (4) increase of circulation; (5) stimulation of muscular fibers. In fact, all the agents above mentioned seem to act similarly by stimulating the nutrition of the affected muscles, by increasing the flow of blood to the parts and perhaps thus causing a reflex excitability of the motor tracts.

ANTIPYRETIC TREATMENT OF TYPHOID FEVER.

BY GEO. T. M'COY.

In the Mitchell District Medical Society report, which appeared in the NEWS of January 5th, I find some errors touching the typhoid fever discussion, which need correction.

1. The spring mentioned was five hundred feet from the school-house privy instead of fifty. Since the meeting I have been over the ground, and have found that two other privy vaults also communicated with the subterranean passage mentioned.

2. The report mentions "sponge baths." This is a slight mistake. The bath advocated was water at a temperature of 90°, lowered gradually to 70° F., and to be used *whenever the temperature rose to* 103°. The bath was used because I have observed that heart failure did not occur in those cases in which the temperature was kept below 103° F.

3. The language attributed to Dr. Haughton in this discussion was used by me, and in answer to a question of Dr. Hibberd. (I am sorry that the remarks of Dr. Haughton were not reported in full, as they were important; but they were drawn out by the paper of Dr. Hibberd.)

I know, from my acquaintance with the writer, that these were simply errors resulting from the rapid taking down of notes, and that no misrepresentation was intended. Neither am I correcting them from personal motives, but as a prelude to a few comments which are to follow.

It seems to me that the opponents of the "antipyretic treatment of typhoid fever" would find quite an argument in the mortality reported by me, unless something were added to the report as it now stands.

The first five cases were treated without the cold bath, and with only one-to-three

grain doses of quinia three to four times a day. Two of these recovered after a tedious convalescence. I will omit other remedial and palliative measures, as I do not wish to write a long article, and take it for granted that my readers will make due allowance for careful nursing, diet, etc., and a judicious use of the remedies other than the above.

The succeeding four cases I treated with quinia, grs. v–x every six hours, and bathing in tepid water once a day. Two of these died, the others made a good recovery. Of the two that died, one was syphilitic, and the other was broken down by nursing one of the first cases. The rapid convalescence of those that recovered in this class I attributed to the low range of temperature, which did not exceed 104° F., and reached that point only twice in either case, there being no complications of any importance.

These were the nine cases using water from the same spring.

Four cases seen in consultation were treated with turpentine, digitalis, James's powder, veratrum, phosphoric acid, ammonia carb., and calomel, only one receiving more than grs. viij of quinia during twenty-four hours. Alcoholic stimulation in all and *cold sponging* once a day. One only of these patients received quinia, grs. xx, night and morning during third week from date of attack, and he made a good recovery without serious complications or sequelæ. No record of temperature was kept in these cases. There are some physicians who do not need thermometers, especially such as reduce the heart's action with veratrum, tartar-emetic, etc. Three of the cases so treated died, and the attending physician seemed perfectly satisfied—*he controlled the heart's action.*

Six cases got quinia, grains x–xx every four or six hours, according to range of fever, but in no case was more than one hundred grains given during twenty-four hours. The cold bath was also used. Death resulted in one case from concomitant spinal meningitis. This case was seen by Dr. C. H. Wright, of North Madison. The fever range in this case was high (105°, evening), for nine consecutive days—the meningitis manifesting itself during third week. This patient did not tolerate quinia well, and at no time took more than ten grains. The remedy was discontinued after short trial.

A study of the foregoing seems to me to teach the importance of reducing temperature in any given case, not only to save life, but to prevent serious complications which retard convalescence. While bronchitis was present in nearly all of my cases, in only two was it of sufficient significance to be termed a complication; so also of parotid swelling, in only one was it at all serious. I do not claim that heart failure was the cause of death in all of my cases. One died from peritonitis and one from meningitis. Hemorrhage occurred in three of the cases that recovered, but was not excessive. We can not arrest the storm, but with compass and chart (thermometer, etc.) we may foresee the coming disaster, and by taking in sail, the judicious use of antipyretics, we may be able to take care of the ship.

In virulent forms of septicemia and scarlatina, where the temperature rapidly rises to 106° (or more), and also in those cases of typhoid where the patient succumbs from "violence of onset," we do not have the grayish appearance of the heart, or that granular degeneration of voluntary muscles, frequently seen in cases of continued high temperature, but we have a softened condition of the internal organs, which would have presented the characteristic appearance if life had been prolonged. In these cases the patient dies from so-called "dissolution of the blood," the result of high temperature.

I think many of the cases of death in acute rheumatism, attributed to endocarditis, are due to heart softening, and that salicylic acid is of benefit in these cases through its antipyretic action.

LANCASTER, IND.

Miscellany.

GREAT MEN AND SMALL HEADS.—The Atheneum says: "It is usually supposed that men of great intellectual powers have large and massive heads. But this theory, which Dr. Gilbert, physician to Queen Elizabeth, was the first to suggest, is not borne out by facts. An examination of busts, pictures, medallions, intaglios, etc., of the world's famous celebrities, almost tends the other way. In the earlier paintings, it is true, men are distinguished by their large heads; but this is attributable to the painters, who agreed with the general opinion, and wished to flatter their sitters. A receding forehead is mostly condemned. Nevertheless, this feature is found in Alexander the Great, and to a lesser degree in Julius Cæsar. The head of Frederick the

Great receded dreadfully. Other great men have had positively small heads. Lord Byron's was 'remarkably small,' as were those of Lord Bacon and Cosmo di Medici. Men of genius of ancient times have only what may be called an ordinary or every-day forehead, and Herodotus, Alcibiades, Plato, Aristotle, and Epicurus, among many others, are mentioned as instances. Some are even low-browed, as Burton, the author of 'The Anatomy of Melancholy;' Sir Thomas Browne, and Dürer. The average forehead of the Greek sculptures in the frieze from the Parthenon is, we are told, 'lower, if any thing, than what is seen in modern foreheads.' The gods themselves are represented with 'ordinary, if not low brows.' Thus it appears that the popular notion on the matter is erroneous, and that there may be great men without big heads."

CHARCOAL AS A FOOD.—The Sanitarian copies this from the Farm and Home: Whatever increases the power of laying on fat, or promoting the rapid and healthy production of flesh, must be food or equivalent thereto. This, pure charcoal does most effectually, as recently proved by taking the live weights of two lots of sheep, and simply separating them by an ordinary net, the artificial food, corn and cake, being carefully weighed out to each lot alike daily, one pint of charcoal being added to one lot only. When re-weighed prior to selling to the butcher, the increase in weight was in favor of charcoal by 16.25 per cent. Sanitation causes easy and complete digestion, and assimilation only can account for these results, which charcoal alone can accomplish. The charcoal should be given mixed with the food, except in urgent cases, when it may be mixed in water or thin gruel, and given as a drench. The dose is one pint to every twenty-five head of sheep or lambs. One quarter pint per head for full-grown cattle, horses or pigs; half the quantity for young cattle, and two teaspoonfuls to one dessert-spoonful for young calves, daily, when suffering from disease or in ill-condition. To keep in good health, and fortify against diseases, the dose should be given two or three times per week, according to the class of food they are having, and the state of the atmosphere. The best plan is to wet a quantity of bran, pollard, or malt combings; mix the charcoal among it, and then among the food you give them. For rapid and healthy fattening of cattle it should be used daily among their food. Charcoal for internal and medicinal purposes must be pure vegetable charcoal, free from all irritating and injurious foreign matter. The charcoal, when coming into the user's possession, must be kept perfectly dry and free from any ill-smelling surroundings, such as the vapors of a stable or artificial manures, etc., or it will absorb them, and thus become septic and of no medicinal value. It is better kept in a closed bin or tin canister with a closely fitting cover.

DAY VISIONS.—Dr. James Russell, in the Birmingham Medical Review, writes as follows: A nervous lady of forty, who consulted me for disordered health, described a singular habit she had of seeing "visions very distinctly in broad daylight." One day, on going from a room, opposite to which was the open door of a parlor, she saw a widow sitting there, and so distinctly that she even marked the hem of her vail; she also saw enough of the features to recognize her mother, who, she concluded, had called for her to accompany her home. It was only by the concurrent testimony of the servant and of the family that she found herself mistaken. On another occasion she saw a gentleman pass before each of the two windows of the room in which she was sitting; so convinced was she of the reality of what she had seen, that she opened the front door to tell him that there was no issue out of the front garden in the direction he had taken. She found no one. She ascribes her very unpleasant tendency to a mischievous custom, practiced at the school she attended when young, of dressing up ghosts, with all the ceremonial of dark corners and artificial light. She was then six years of age, very timid, and she had a great dread of these ghostly exhibitions. One occasion of the kind, when she was compelled to face a "ghost" in a dark room, much alarmed at the thought, is still vividly impressed on her memory. Ever since she has been very apt to dream, and to dream especially of ghosts.

FATAL EXPLOSION OF A MIXTURE.—At Manchester an inquest was lately held relative to the death of one Turley, a shingler. It appeared that deceased went to the shop of a pharmaceutical chemist for three pennyworth of quicksilver and three pennyworth of aquafortis. He had been in the habit of purchasing similar quantities in order to mix them into a kind of ointment. Both articles

were placed in the same bottle. Deceased then placed the bottle in his breast-pocket and left the shop; but shortly afterward the stuff exploded and the contents of the bottle burnt the face and eyes of the poor fellow so seriously that he died at the Manchester Eye Hospital. In his voluntary statement, the chemist said that he had never known the mixture to explode before, though he had always served deceased with the articles separately, generally placing the quicksilver in a pill-box.—*Medical Press and Circular.*

YELLOW FEVER IN NEW YORK.—Last Sunday a man died of yellow fever in Perry Street. He was a resident of New York, who had recently visited Havana, where he remained eighteen days and then returned home, arriving in New York on the 7th inst. The first manifestation of the disease seems to have taken place on the day after his arrival. It is comforting to learn that the Board of Health does not consider that there is any danger of the disease spreading. None of the facts in the case point to there having been any warrant for the detention of either the man or the ship at the quarantine station, but the incident ought certainly to be taken as showing the utter folly of laxity in our quarantine system.

THE SCIENCE OF COOKING.—The schoolmaster is abroad indeed when even the dread precincts of the kitchen are not safe from his intrusion. The modern race of cooks have traded on the ignorance of their employers till now it is almost impossible for ordinary middle-class people to secure a decently cooked dinner. When perchance the mistress knows something about the management of her house, and is able to suggest how things should be conducted, and controls the little arrangements with regard to perquisites, the cook soon finds it inconvenient to stay. If, on the other hand, the mistress is ignorant, as is often the case, the cook triumphs. The roast joints are dried up before fierce fires; the boiled have all the juices extracted by being placed in cold water and then boiled to rags; the melted butter becomes a paste; a modicum of soup requires a prodigious quantity of meat before it acquires consistence above mere dish-water; vegetables are served cold and sodden with the water in which they are boiled; and the rasher of bacon for breakfast comes to table defiled with cinders, if not tainted with a *soupcon* of yesterday's fried fish. The lectures on cookery which are now so popular will do much to remedy the present evil; for, as the proportion of ignorant and indifferent mistresses becomes less, incompetent cooks will have fewer houses of refuge to fall back upon, and will consequently have to abate their high pretensions. Indeed, when we consider the prevalence of the complaints and the paramount importance of the subject as a mere question of health, we wonder it has not received earlier attention; but, now the movement has commenced, there is no doubt of the success likely to attend it. The digestibility of food depends largely upon its cooking, and when it is once plainly shown that we do not live merely to eat, but digest in order to live, reform in the kitchen will speedily follow. We shall be able to do with less food, because, being properly cooked, its nutritive qualities will be preserved and our stomachs will be less burdened. Less vital force will be withdrawn, because the food will be more readily acted on by the digestive secretions, so that a smaller quantity of these will need to be supplied by the glandular organs. Again, the unthrift that goes on below stairs is one of many causes that lead to the impoverishment of the lower and middle classes. Servants brought up accustomed to unchecked waste carry these habits to their homes, while many a tradesman or struggling professional man pays a large tax annually in the daily waste that is permitted in his household through ignorance of the most ordinary details of domestic management. It has been clearly demonstrated that a saving of from twenty-five to fifty per cent can be effected by conducting culinary operations on a scientific basis.

[These sad words from our fellow sufferers in England occur in a Lancet editorial. We had hoped that no other country save our own was thus sorely afflicted; and our experience is that the average of American cooking in meanness is unequaled any where. Our negroes have forgotten the culinary art taught them by their former mistresses; the native white American of the servant class can not learn to cook, and all the kitchen failures of Europe flee to our free and afflicted country.]

CHARCOT'S CREED.—If I believe firmly that there exists in medicine a domain which pertains entirely to the physician, which he alone can cultivate and fructify, and which must necessarily be closed to the physiolo-

gist who, systematically confined to his laboratory, disdains the instruction of the hospital wards, I no less firmly believe that the free intervention of the anatomical and physiological sciences in the affairs of medicine is an essential condition to its progress. I believe that practical medicine is not a real autonomy; that to live it must borrow; that without a constant scientific renovation it would soon become a dull routine. I think, finally, that as regards the qualities of quick-sightedness, ingenuity, and practical skill, which all have to be perfected by use, and are not bestowed in completeness by nature, these are as much needed by the pathologist as by the clinician. This, very briefly, is my *credo*. I have always held to it, and I must always continue to do so.—*Medical Record.*

HYPERICUM OIL FOR THE PREVENTION AND CURE OF BED-SORES: Dr. Herbert L. Snow writes, in the British Medical Journal: Since my note on this subject in the Journal of December 8th, I have been favored by Mr. Fenn Clark, honorary consulting-surgeon to the Leamington Provident Dispensary, with a communication, from which I subjoin the following extracts: "I see that you have alluded to the value of hypericum oil. May I be allowed to add my testimony, as I have made and used it in my practice for the last twenty years, with manifest advantage in severe cases of bed-sore? It is an old favorite in this country; and our American friends think highly of it also. I observe that you recommend a few days as the time which hypericum oil will require to perfect it. May I mention that my friend, who first introduced it to Mr. Garrard, and to Leamington generally, always recommended a period of three months in a sunny window, as it could not in less time acquire the reddish-brown tint? It is prepared from the blossoms of the *Hypericum medium perforatum*, which flowers in July."

TREATMENT OF VARICOSE VEINS.—Mr. Folker describes, in the British Medical Journal, a recent operation he performed for the cure of varicose veins. In the operation the vein was securely tied, and ultimately obliterated, without any disturbance of the surrounding parts. The man was operated on one Saturday, and the following Tuesday week (eleven days) he was up in the ward. The operation was as follows: A small incision was made on each side of the vein, and a curved needle, passing in at one incision and out at the other, carried the ligature under the vein, and was withdrawn. A flat instrument was now, in the same manner, passed in at one and out at the other incision, and threaded with one end of the ligature, which then, by its withdrawal, passed the ligature over the vein. The two ends of the ligature, which now surrounded the vein, projected through one opening. This was repeated in as many places as might require it, and then the lowest one was tied first, and the ligature cut off close; firm pressure was made over it just to press out any drop of blood that might be present, and the little opening was closed with collodion. Each ligature from below upward was tied in a similar way, pressing the blood out of the vein up to each ligature before tying it. The ligature used in the present case was pure silk, well carbolized; but Mr. Folker hoped to tie some with tendon ligatures which would become thoroughly absorbed sooner than the silk.

HOG CHOLERA.—Dr. J. M. Partridge says, in the Sanitarian: The infectious principle from which swine plague is developed may be introduced into the system by food or drink, or it may be taken into the circulation direct by cuts or abrasions. It is believed that the germs of this disease may be carried through the air for the distance of one or two miles, but they are harmless if they fall upon the unabraded external surface of the body or on perfectly sound lung tissues. As a preventive measure, all cuts or sores should be kept closed by an application of tar, or some substance that is impervious to air and water. In warm weather, stagnant pools of water breed disease germs, and are a fruitful source of danger. Old straw stacks may absorb and retain the disease germs for weeks and months. Freight cars retain them an indefinite length of time. The feeding of sulphur, salt, or ashes, or placing them near swine, is a preventive, but carbolic acid is best. The dose is ten drops to each hundred pounds weight of the animal, to be given three times a day. A solution of this acid should be freely sprinkled about the premises. Remove or destroy the sick. Separate the healthy into small herds, and remove them to fresh pastures, and use the carbolic-acid treatment.

THE weekly issue of the British Medical Journal is now over twelve thousand.

CROTON OIL.—The investigations of Mr. Harold Senier, Fellow of the Chemical Society, into the active principles of croton oil are not without considerable interest to the physician. (Lancet.) Mr. Senier read to the Pharmaceutical Society on Dec. 5th, a paper in two parts—one on the vesicating principle in croton oil, the other on the purgative principle in croton oil. In 1878, in a former paper, he gave the results of an investigation into the action of alcohol on croton oil, and showed that under certain conditions it separated the oil into two parts—the one part vesicating, the other non-vesicating. The non-vesicating oil Mr. Senier has since shown to be purgative. The conditions referred to are that the alcohol shall be of specific gravity .794 to .800, and in the proportion of seven volumes to six, or any larger proportion. If the alcohol and oil are mixed in equal volumes perfect solution takes place, and this holds of a mixture with any less quantity of alcohol. But when the volume of alcohol exceeds that of croton oil, a part of the croton oil separates. This part varies in quantity in different samples of the oil. The part so separated is afterward insoluble in any proportion of alcohol. But that proportion of oil dissolved by alcohol is, when separated, soluble in all proportions. Mr. Senier has found that the part soluble in alcohol as above used was, or contained, the vesicating principle, and that the vesicating activity does not exist in the free acids, nor in any basic constituent, but resides in the combined non-volatile fatty acids. Mr. Senier further finds that the purgative constituent does not reside in the alcohol-soluble vesicating oil, but entirely in the alcohol non-soluble, non-vesicating oil. In support of this conclusion he refers in his paper to experiments on himself and others. He further says that the conclusion is borne out by a study of the therapeutic action of this non-vesicating oil by Dr. J. W. Meek. The general result of these experiments is that in this non-vesicating oil, in doses from one tenth to one half a minim, administered in the form of pills, with magnesium carbonate and extract of henbane for excipients, we have a safe and mild or powerful purgative, according to the dose, unaccompanied by any unpleasant symptoms. No purgative action was obtained by administering the vesicating oil in a similar way, but a considerable amount of irritation in the alimentary canal, accompanied with nausea. The medical importance of Mr. Senier's investigations is obvious, and justifies the hope that we shall be able to extract a more practicable and effective purgative from croton oil, minus the violent and irritating powers which the physician is apt to associate with the drug in its entire form.

HARVEY'S GREAT DISCOVERY.—In an interesting article in the Birmingham Medical Review Dr. William Bates makes this startling declaration: "At the risk of incurring a charge of pseudodoxy, I venture to assert that, if Harvey had never lived, and the doctrine of the ancients as to the flux and reflux of the blood still obtained, the practice of medicine and surgery alike would be just what it now is." May be this is so, but when he says further on, "In medicine and surgery, as in other things, there is nothing new under the sun," he is absurd. Solomon wrote many foolish things, if he is the author of the proverbs attributed to him; but, certainly, if he were alive in this day he would not say, "there is nothing new."

"ONE immediate effect of the discovery was the degradation of the liver by Harvey, who robbed it of all its old functions, except that of generating bile. In these later days, this important viscus has been restored to its throne, and reputed to be the center of sanguification, the focus of animal heat, and the performer of all the offices ascribed to it by Galen and the ancients, with others not dreamt of by them, except, indeed, that of being the source of the movement of the blood, with which possibly it still remains to be accredited."—*Ibid.*

DR. WILLARD PARKER is eighty-three years old; Alonzo Clark, eighty; A. C. Post, seventy-seven; Isaac E. Taylor and Austin Flint, seventy one, and Frank H. Hamilton, seventy. Some of these distinguished medical men are still in active practice, notwithstanding their great age.—*The Cincinnati Lancet and Clinic.*

ACCORDING to Dr. Billings, of one million colored infants born (in Baltimore) one half will have perished before attaining the age of two years.

"THERE is no period in a fond mother's life when she is happier than immediately after the baby has successfully cut his 1st 2th," figuratively says the Sanitarian.

The Louisville Medical News.

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L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

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MALARIA.

The Sanitarian of December 30th publishes an abstract of three papers on the subject of malaria, read before the American Public Health Association at its recent session in Detroit. These articles were presented by Surgeons George M. Sternberg, A. Woodhull, and Chas. Smart, of the U. S. A., who, as might have been expected from the advantages offered for practical observation and study by the Army Medical Service, were able to bring before the Association some observations of practical moment to the sanitarian, and which may possibly serve as important factors in the future solution of the most difficult etiological problem of the age.

Dr. Sternberg based his conclusions upon tabulated reports of malaria obtained from two hundred and twelve military posts, extending from Maine to Florida, and from the headwaters of the Mississippi to the Gulf. The cases of malaria occurring in Maine bear to those of Florida a proportion of sixty-four to two hundred and twelve; those of the headwaters of the Mississippi to those of the Gulf, seventy-one to one thousand and twenty-eight. The reports show conclusively that where there is much stagnant surface water there is prevalence of malarial fevers. The forts at Jackson Mississippi, and Baton Rouge, Louisiana, each standing at the edge of a swamp, are very unhealthy, and whenever the wind blows from the swamps toward the forts, there is great increase of the disease among the soldiers.

Dr. Sternberg says that while the proposition that malaria is connected with the decomposition of vegetable matter has not met with universal acceptance, it is undoubtedly the true one. It is an error, however, to suppose that malarial germs are evolved from the decomposition of all vegetable matter. If this were true, the farmer's barnyard would be an especially fruitful soil for malarial growth.

In climates most distinctively malarial, sailors, if they but anchor at least a thousand yards from the shore, never suffer from malaria. Those who go on shore take the disease, but often fail to show it until they set sail and have been for some time out at sea. Some of the sailors who went with Dr. Hayes upon his arctic expedition developed malaria in the polar regions. At forts Yuma and Mohave, Arizona, malaria is seldom seen, and Dr. Sternberg finds a reason for this in the hot, dry air of this region, which, he believes, renders the germs inert.

Though many strong arguments can be made in support of the claim that the bacillus malariæ is the cause of the fever, the author does not regard them as conclusive. The finding of the germs in the blood, post-mortem, does not prove that they were there ante-mortem. The injection of these germs into the blood of rabbits produces continued rather than paroxysmal fever, while the injection of blood from malarial fever patients into the veins of the lower animals develops in the latter intermittent fever.

Dr. Woodhull refers to the doctrine promulgated by Lancisi, nearly two hundred years ago, which has since become an article of the malarial creed, that marsh exhalations have a causative relation to intermittent fever, and after a glance at some of the

theories since brought forward to account for malaria, states the object of his paper, which is to show why the doctrine of organic decomposition, as an essential condition, may not be hastily abandoned. He says:

> We are not justified in allowing a few exceptional instances that appear negative in their teaching to set aside a coincidental experience so vast as to be almost universal, concerning the health of communities. The old story of disease that follows freshly-turned soil and newly-created marshes, and disappears upon their cultivation or drying, of railroad cuts and fillings, where, the natural drainage being intercepted, pools are formed and fevers follow, of primitive swamps being drained and old agues vanishing, should not be discredited by the occasional failure to observe the same consequences under apparently similar conditions. The experience given by the local government boards of Great Britain as to the disappearance of periodic fevers coincidentally with thorough drainage is excellent evidence, on a large scale, of the etiological relation.
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> It seems an incomplete statement that defines "a malarial district as one where malaria has always existed," but denies that the local conditions are concerned in its production.
>
> If the swamp land, for instance, were only one factor, it, or its equivalent, should nevertheless be recognized. The modern tendency is to extend the conditions under which the poison is developed. But the skeptic, when it is admitted that the theory of swamp-exhalations does not cover the whole ground, is disposed to deny that swamps sustain any relation to the case. They fling away the half loaf because it does not represent a full banquet.

The writer quotes Sir Joseph Fayrer as follows:

> Indian experience supports the view expressed one year ago by Pringle, that the chief determining cause is stagnant subsoil water under certain temperatures.

And in comment, he says that this point has not received the attention it deserves at the hands of our American investigators. Notwithstanding the remark of a prominent sanitarian, that "people do not drink chills," it is probable that water does absorb malarial poison from which its consumers suffer. Sir Joseph Fayrer says that "water seems not only to determine the generation of malaria, but to hold it in solution. It is a popular belief of the East Indian natives that atmospheric states are of little importance in creating the disease when compared with water which flows through marsh and jungle and is charged with fever-poison." Upon good authority it is stated that along the rivers of California, where malaria affects nearly every American, the Chinese are exempt from attack, the reason (barring race peculiarities) being that they drink the water only through their tea, in the preparation of which it is always boiled.

The case of the Argo is cited as giving evidence on this point "as nearly complete as could be wished:"

> Eight hundred soldiers, all in good health, who had been exposed to the atmospheric influences before embarkation, were carried in three vessels from Bona, in Algiers, to Marseilles. They presumably embarked at the same time, they all reached Marseilles the same day, and among six hundred and eighty men on two of the vessels there was not one sick. Of the one hundred and twenty on the Argo, the third vessel, thirteen died during the short passage, and ninety-eight of the one hundred and seven survivors were ill with various forms of paludal fevers. In the crew of the Argo there was not a sick man. The only difference in condition was that the drinking-water on the two healthy ships was good; that of the Argo's crew was pure; but that used by the troops on the Argo was taken from a marsh and had a disagreeable taste and odor. Such evidence does not stand alone, but it is rarely fenced about with such absolute conditions. So much is known, however, that any critical discussion of the etiology of specific cases of malarial disease that does not take into account the drinking-water and the subsoil water also is incomplete.

Again, the testimony of Lieut.-Colonel G. H. Mendell is significant: This observer, while engaged in the practical study of irrigation to be applied to the dry plains in California, was led to investigate and to compare the water-level of various wells in the interior plains. He soon found that malaria and shallow wells were frequent companions, and that when malaria occurred among the foot-hills, which are exceptionally free from the pest, it was limited to regions where the water-level of the wells was near the surface. He says: "I do not recall a single instance of shallow wells

where the family were free from fevers, always intermittent, I believe; and I therefore connected the presence of water near the surface of the ground with malaria. Whether it is due to the mere presence or to the fact that it is drunk, or both, I am unable to say."

Dr. Woodhull concludes this part of the discussion with the following conservative paragraph:

> Visible swamps no longer are the exclusive fountain of malarial influence; new channels by which the poison may operate have been exposed to view, and it is not impossible that there may be modes of its propagation, or, indeed, conditions of its development, yet unsuspected. But the ultimate formula of construction seems to rest on the original data.

The author then discusses certain sanitary puzzles or paradoxes which stand much in the way of the older theory. He takes up the question of the recent spread of the disease in certain parts of New England, with the hypothesis of invasion or migration which has been devised as an explanation of its appearance here by those who are inclined to discard old beliefs.

He cites, as the most outspoken of these modern opinions, the principal points of the Berkshire or New Lenox malarial trial, in which, notwithstanding the fact that, by the raising of a dam across the Housatonic River in 1870, one hundred and eighty acres of land were converted into a marsh, in addaddition to one hundred acres previously under water, the decision was against the charge that the raising of the dam and consequent overflow had any thing to do with the increase of malaria in the region adjacent to the mill-pond. In making this decision the jury was supported by abundant professional testimony. In this connection the author says:

> The prosecution contented itself with proving the greater surface influenced by the water and fluctuations in the water level, leaving it to be inferred that the cause of the disease rested in the exhalations, a number of witnesses having testified to the association of intermittents with swamp lands elsewhere.
>
> The defense chiefly rested upon the testimony of respectable professional witnesses, some of whom no longer attached value to the proximity of marshland in connection with intermittents, and others had seen the disease prevail equally on high and on low ground, while nearly all accepted the theory of migration.

Now Massachusetts, Connecticut, and similarly situated States lie just upon the debatable ground, the neutral territory, where malaria may or may not present itself as certain minor but determining circumstances direct. In the early history of that country paroxysmal fevers abounded. They disappeared coincidentally with the establishment of better drainage and cultivation, and presumably on account thereof. They certainly have reappeared within the last twenty years, but, in a territory lying as that does, a moderate excess of heat, a slight change in the natural or artificial distribution of water, especially beneath the soil, the growth or destruction of forests, the alteration that commerce makes in the earth's surface, may readily turn the scale. And, as pertinently remarked by Dr. Marston, "*The absence of such specific characteristics (as ague) is no proof of the absence of malaria. Dyspepsias, neuralgias, attacks of pseudo-fibrinous rheumatism, diarrheas, anemial and splenic diseases may prevail in a district in which true ague rarely if ever occurs.*"

The author further comments on the aspects of this trial by calling attention to the fact that, notwithstanding the prevalence of malaria in other parts of New England, in this region no cases of the disease appeared below the dam. This point might have been used by the prosecution against the migration theory, since it clearly suggests a local cause for this particular outbreak. He is inclined to believe that a prominent factor in the cause was that the water-level in the wells used by the inhabitants was by this overflow raised to near the surface of the ground, a condition of things similar to that alluded to above in the experience of Col. Mendell.

The question of the occurrence of malaria in New England in the early spring while it is yet cold, or during the last month of winter, next receives attention, and the opinions of Drs. Bronson, Adams, and Smart are referred to in this connection. The first two contend that it is impossible to account for a malarial outbreak in cold weather, and near the close of a severe New England winter, except upon the theory of

invasion. The last, however, explains the phenomenon upon an ingenious but plausible hypothesis suggested by an investigation of winter malaria in the far West. He states that variations in the organic impurity of the water have been shown to correspond with variations in the intensity and prevalence of the disease, that snow takes up much of the organic material which may be in the air, and it follows that this material remains suspended in the snow-water which feeds the wells. From that the author argues as follows:

It is not unreasonable to suppose that the melting snow of spring, percolating the softened earth, may carry with it the products of organic decomposition that, produced in warmer seasons, had been locked up awaiting such deliverance. The poison may be neither generated nor diffused throughout the atmosphere except under solar warmth, but it is not necessarily destroyed because it is dormant. Whether the water-carried disease is identical with or merely kindred to true malaria is a clinical question rarely determined with accuracy. But as truly as, although less conspicuously than, the marsh-water of the Argo may the snow-water of malarial regions be regarded as the porter of disease.

A modest paragraph, and one which may serve to strengthen the hope that, though much perplexed, we may still be approximating the solution of the problem, closes the paper:

This paper makes no pretense to elucidate the complete etiology of malaria. Its office is to suggest that those who discard the whole of the older views because of certain apparent exceptions, do so prematurely. The question is not simplified by denying the production of malarial poison from organic decomposition in ninety-nine cases, because the constant antecedent has not yet been found in the hundredth. Another factor may have to be introduced before the equation is solved, but that does not involve the abandonment of those terms whose value is already known.

The conclusions of Dr. Smart are as follows:

. *Malaria is a disease that knows no latitude nor longitude, and prevails at any altitude.* It travels with the wind, and wherever its germs go, damp vegetable substances absorb it. The low-lying aerial theory is not satisfactory, since malaria is found in high and dry altitudes. In India those who drink marsh-waters have fevers at all times, while those who do not only suffer in the hot months. Unfortunately the attention of physicians has not been called to the theory of water infection. It has long been recognized that the use of what is called bad water produces diarrhea. If charged with decaying organic matter it also produces malaria.

In support of this assertion, Dr. Smart cited numerous cases that point directly to such fact. Shallow wells and defective cisterns are often found filled with water possessing many of the characteristics of marsh-water, and at such places will be found cases of malaria, though the blame is invariably laid to swamp or a mill-pond, if there happens to be one near. Wherever there is a plenty of pure water, free from decaying organic matter, there is health; and the same is true of the converse, no matter what the latitude and altitude. Filtration is a remedy.

Among the noteworthy features of these papers are: (1) The absence of any direct allusion to the old law of latency in malarial poison when taken into the system; (2) the great stress laid upon the theory that water may absorb the poison and give rise to the disease in those who drink it; (3) that snow may be the conserver of malarial germs, and (4) that the disease may travel or prevail without reference to latitude, longitude, or altitude.

On the first point it will be seen that, without mentioning it, Dr. Sternberg gives an instance of latency in the case of sailors, who, being infected on shore, often fail to show the disease until after they set sail and have been for a long time out at sea. The second suggests a protective measure, since, by careful filtration and boiling, water free from malarial poison may be had by all persons in civil life. If the third be true, then winter malaria must come down from the clouds, since snow forms in the upper air, and it would be unreasonable to claim that it could absorb poison from the frozen ground on which it falls. Admitting this, the fourth point is made clear, since the mists and exhalations that arise from malarious marshes must then bear the irrepressible germ, up into the clouds they form, which, wafted by the winds around the world in a line with every point of the compass, make malaria possible in any place where snow or rain may fall.

Bibliography.

A Treatise on Bright's Disease of the Kidneys. Its Pathology, Diagnosis, and Treatment, with chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By HENRY B. MILLARD, M.D., A. M., with numerous original illustrations. New York: William Wood & Co. 1884.

Notwithstanding the fact that many excellent treatises upon this subject were already before the profession, the place for this book existed, and its author has filled it most creditably. The work is an octavo of two hundred and forty-three pages, written in good style, and with a view to the needs of the practitioner.

In the first chapter, the normal histology of the kidney is sketched with sufficient detail for the purposes of a treatise of this kind; in the second, the renal epithelia; and, in the third, the endothelia of the tubules have devoted to them considerable space, which makes a valuable and much needed contribution to the literature of this subject. After a brief treatment of the connective tissue and nerves of the kidney, the normal urinary secretion, its nature and source are carefully described.

With this introduction, essential to a proper understanding of the work, the pathology of renal disease, the significance of albuminuria, and the natural sources and chemical peculiarities of the various albumins are unfolded with an attention to the practical details of renal pathology, clinical history, diagnosis, and treatment, which is indeed remarkable when the modest dimensions of the volume are taken into account.

The illustrations are good, though somewhat too diagrammatic; a common fault in works which deal with histological questions.

The tests for albumen are well described, and present the reader briefly with a fair view of what is known relative to this vexed question. A little more space might, however, have been profitably devoted to the heat test, and the proper use of acetic acid in developing the albuminous precipitate, while much less could have been given to the unmanageable and almost worthless picric acid test, without prejudice to the work.

These, with the occasional use of obsolescent chemical terms, are minor blemishes which may be overlooked in view of the general excellence of the treatise. It is just such a book as the doctor needs, and it is safe to predict a rapid sale for the present edition, with an early call for a new one.

Sexual Impotence in the Male. By WILLIAM A. HAMMOND, M. D., Surgeon-General U. S. Army (retired list); Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School, etc. New York: Bermingham & Co. 1883. Price, $2.50.

This work, like every thing from Prof. Hammond's pen, is vigorous in style and replete with significant facts. The whole subject of impotence in the male, its causes, mental and corporeal, with judicious measures for its treatment, is passed before the reader, with so much art in the arrangement, unfolding, and development of its incidents as to render the work almost, if not quite, as diverting as a modern realistic novel.

Some of Dr. Hammond's critics have censured him for tarrying too long upon what might be regarded as forbidden ground, and drawing his pictures somewhat too boldly for the purposes of the physician and moralist.

Dr. Hammond will doubtless answer this by saying that the book contains nothing which is not of real value to the physician who may be called upon to deal with this class of cases; and while this may be true, it is also true that some of its details are of such a character as to give the book a popularity with certain readers outside of scientific circles, among whom its moral influence would be questionable at least.

This remark would be true of not a few other medical books, if it were not that they are saved from a like popularity through lack of that vivid narrative and easy grace of style which make the volume under notice a possible menace to public morals; but while the danger is easily seen it is scarcely fair to blame the author for the free exercise of his striking literary talent when dealing with a scientific subject, though we could wish that in the development of the present theme he had not written quite so well.

Fat and Blood. An essay on the Treatment of certain forms of Neurasthenia and Hysteria. By S. WEIR MITCHELL, M. D., Member of the National Academy of Sciences; Physician to the Orthopedic Hospital, and Infirmary for Diseases of the Nervous System; Fellow of the Philadelphia College of Physicians, etc. Third edition, revised, with additions. Philadelphia: J. B. Lippincott & Co. 1884. Price, $1.50.

This interesting little book has already won a high place in professional esteem. The first edition appeared in 1877, and since that time few American physicians interested in the therapeutics of nervous af-

fections have failed to read it, while the relief that the practice of its precepts has brought to a large class of sufferers has been sufficient to bespeak for its able author a high place among the benefactors of mankind. The work has met with a most favorable reception in England, and has been honored by a translation into the French.

The author's method of treatment consists in a combination of "entire rest and excessive feeding, made possible by passive exercise obtained by the steady use of massage and electricity."

The means are old, but their combination, with the method by which they are effectively applied, is an original feature of the work.

In preparing the new edition, much of the book has been rewritten, and many practical hints with "considerable new matter in regard to the treatment of obesity, the use of milk as a diet, and its effect on the excretions," have been added.

It is a practical, useful, and deservedly popular monograph upon a subject of growing importance.

Correspondence.

MEDICINE BY INUNCTION.

Editors Louisville Medical News:

In presenting this subject to the profession I claim no originality. I wish to speak as a witness in favor of this plan of medication in the treatment of several forms of disease; and while I am a believer in this kind of treatment I am aware that some eminent members of the profession deny that the skin and its lymphatics have the power to absorb any thing whatever. I have recently had some experience with medication by inunction which leads me to believe that the skin absorbs even non-volatile substances rapidly and freely.

Not only has it been proved over and over again that mercury may be given in this way so as to get its full effect, as shown by ptyalism, but quinia or any of the salts of bark can be successfully exhibited by the same method with the advantage, especially in children, that we are thus able to get rid of the unpleasant taste of these alkaloids, which is the greatest barrier to successful administration in the treatment of this class of patients. The thinness of the skin in children makes it easy to get rapidly the full effect of the drug. The following case I think proves clearly the power of the skin to absorb quinine, and the great value of medication by inunction, in a patient who could not take the drug by mouth:

B., white, female, aged two years six months, was attacked, August 17th, with remittent fever, which rapidly developed symptoms of great gravity. Treatment began with quinia by the mouth; but, owing to the extreme irritability of the stomach, little or none of the medicine was retained. The case grew worse from day to day until, on August 23d, I considered it hopeless, there being present well-marked cerebral symptoms. The temperature was 104°; the stomach so irritable that it would not retain even a spoonful of mint-water. The features were pinched, and the skin was livid and covered with a clammy perspiration. I gave one-drop dose of tincture aconite root, which lowered the temperature one degree and the pulse six beats. I then ordered sixty grains of quinia in one ounce of lard, and the child was anointed thoroughly with this every three hours for two days. When I returned on the second day, I found that the case had made a decided change for the better. The symptoms of brain trouble had disappeared, and the child was no longer restless but had had a refreshing sleep. The temperature was 102°, and there was some nausea. I now determined to give this plan of treatment a full trial. A warm bath was ordered to remove the oil from the skin and to facilitate absorption; and the inunction was repeated every four hours.

When I next saw this patient, three days later, convalescence was well established. A tonic of iron was now prescribed. The patient's recovery was rapid and complete.

Since this time I have treated several other cases of malarial fever by this method and with perfectly satisfactory results. Besides carrying the medicine into the system, I believe that the skin absorbs a good part of the oil also, which, if true, is a most important feature of the treatment, since it enables the physician to exhibit in the same prescription supportive and specific remedies at times when both are urgently demanded, and when, from the condition of the alimentary canal, they could not be otherwise successfully administered.

JOHN C. AMIS, M. D.

FLAT LICK, KY

THE staff of editorial writers on the British Medical Journal numbers more than eighty.

Selections.

TWO CASES OF PELIOSIS RHEUMATICA.—Dr. S. Jex-Blake, in the Medical Press: This affection, first described by Professor Schönlein ("*Pathologie und Therapie*," vol. ii.), appears to be so rare in this country that its existence, at least in well marked and distinctive form, has been denied by some more recent authors. Some interest may, therefore, attach to a short account of two cases that occurred in my dispensary practice last winter, both of them appearing, curiously enough, during the same month.

CASE I: G. R., a nursemaid in good service, aged sixteen, applied for advice on December 12, 1882. She had a sore throat, with inflamed tonsils, and also suffered from severe coryza, but was much more alarmed by a rash which appeared plentifully over the whole surface of her lower limbs, but did not extend to the upper part of the body. It consisted of purplish petechiæ, of small but irregular size, and the general effect resembled that which might have been produced by spattering the legs with a brush charged with rather light-colored ink. The pulse was about one hundred, temperature only slightly above the normal, and the previous night's sleep had been pretty good. I sent the patient at once to bed, and treated her for the sore throat and cold without any special reference to the rash.

December 19th: The patient's mother reported that the sore throat and cold had almost disappeared, but that the rash continued much the same, and that some distress was caused by pains in the legs, apparently of a rheumatic character. Salicylate of soda was then given in the ordinary doses.

In about ten days the pain and the rash had both disappeared, and when I saw the patient next, on January 16th, she was perfectly well.

CASE II: G. B., a schoolboy, aged, nine, was brought by his mother, on December 26, 1882, for treatment for swelling and pains in the legs; and on inspection a plentiful rash, almost exactly resembling the one previously described, was found on the lower limbs, and, as in the former case, on these only. His pulse and temperature were about normal, and his general health good. The history of this case was more distinctly rheumatic, as the starting-point of the illness seemed to be exposure to cold and wet during a snow-storm encountered on the way to school, after which the boy sat in damp clothes during the time of study.

He was treated with salicylate of soda, and a week later the eruption had much diminished, but the pain, though relieved, had not disappeared. I then advised his mother to give him a diet of fruit and vegetables, instead of meat, and the dose of salicylate was somewhat increased.

January 5th: The pain had gone, and the rash was fast fading.

19th: The rash had entirely disappeared, and there had been no return of pain. The salicylic treatment was now given up, and some cod-liver oil ordered with Parrish's syrup of the phosphates.

30th: A few spots had re-appeared, but faded again without any special treatment.

February 13th: Returned to report himself perfectly well.

Within the last few weeks (December, 1883) inquiry has been made respecting both patients, and it has been ascertained that in neither case has any relapse occurred.

DELIVERY PREVENTED BY AN ENLARGED FETAL SPLEEN.—Surgeon-General Chas. R. Francis, of the British Army, reports in the Medical Press and Circular a very singular case which occurred in the practice of Dr. Webber, of Dinagepore, India: A well-formed native female, aged twenty, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was an obstacle to delivery. A guarded scalpel was introduced, and, after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The

placenta came away in eight hours without flooding, and the woman made a complete, though slow recovery.—*Md. Med. Jour.*

COLLODION.—Mr. Sampson Gamgee, one of England's ablest surgeons, writes, in the Birmingham Medical Review: To swollen parts which can not well be bandaged, collodion is especially applicable for the compression attending its contraction. I was lately consulted in the case of a good looking boy considerably disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I repeated the application three times in the succeeding fortnight, with the effect of producing shrinkage of the organ to its natural size and color.

When the nasal bones are fractured, a very effective mold for keeping them immovable, after adjusting them with the fingers, may be thus made: place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries another layer of cotton and more collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.

FIBROID POLYP OF THE FEMALE URETHRA SUCCESSFULLY REMOVED.—Miss L., aged twenty-one years, a dark brunette of a nervous temperament, consulted me in April, 1883, in regard to some vesical trouble. The inception of the disease dated back two years prior to the time the patient was seen by me. There was great difficulty in making water, the stream coming frequently in a small interrupted jet, and sometimes dribbling away guttatim. She had a constant desire to micturate; this was exceedingly painful, attended with a scalding, burning sensation along the urethral tract, the urine at times tinged with blood. After the completion of the act of urination there was a marked tormina and tenesmus of the bladder. If the patient chanced to be so situated that the bladder could not be emptied immediately, then an accumulation took place frequently an involuntary discharge of urine would result. The constitution appeared to be giving away under the local trouble; the patient very despondent, suffering from various nervous phenomena; tongue foul, frequent headache, acid eructations from the stomach. Gaseous collections in the bowels, fullness and painful sensation in the lower part of the hypogastric region, and darting, lancinating pains in the small part of the back, extending down the thighs. The attention of the patient was frequently directed, while walking, to a painful swelling at the upper anterior portion of the vaginal outlet. So disagreeable did this sensation become that she was debarred from taking the necessary out-door exercise. The general constitutional symptoms and the local vesical trouble were greatly aggravated at each monthly epoch. Placing the woman on her back, the hips well over the edge of the bed, I passed my finger into the vagina along the under surface of the urethra, and at the junction of the latter with the bladder I could distinctly detect the presence of a growth. The manipulation with the finger showed but little mobility in the tumor. A silver catheter passed along the urethra was arrested about half an inch anterior to the neck of the bladder, but with little patience the proximal end tilted upward so as to make the distal point of the catheter hug the lower floor of the urethra, and its end deflected to the right, the instrument passed the growth, entering the bladder. The effort gave considerable pain; withdrawing the catheter, a small probe was passed between the upper wall of the urethra and the tumor; the only point of obstruction was in the lower wall. This examination led me to believe that the tumor was attached to the lower wall of the urethra; neither instrument imparted any roughened sensation, leading to the opinion that an impacted calculus might be the source of trouble. Finding the urinary meatus patulous, the index finger well oiled was passed into the urethra up to the obstruction. This enabled me to confirm the opinion of the tumor's attachment, its pedunculated character, and that the body of the growth was bent backward into the bladder.

May 19, 1883, the following operation was performed: The patient under the influence of chloroform, on the left side and the lever speculum in position, a grooved director with angular handle was passed down the urethra to the neck of the tumor. While this instrument was held by an assistant, the nail of my left index finger was engaged in the groove of the director; and, guided by this, a bistoury was pushed through, dividing the urethral canal along

the groove of the director from a point one quarter of an inch from the meatus back to the attachment of the growth. Through this wound a pyriform shaped fibroid polypus was drawn out, the body about the size of an egg, with a short constricted neck. While the tumor was held with a tenaculum, a needle armed with a double carbolized ligature coated with shoemaker's wax was passed through the pedicle close down to the wall of the canal, the base securely tied and the tumor excised a little above the loop. After cleansing the parts with carbolized water, the wound was closed by eight interrupted silver wire sutures. A rubber tube with eyelets on each side was placed in the bladder to conduct the urine. The patient complained of some tenderness at the lower part of the bowels for forty-eight hours after the operation. There was febrile reaction, and a distressing nausea with vomiting of bilious matter. She took three times a day the following pill:

℞ Acid carbolic, ... ♏ gutt. xij;
Sodæ bicarb., ... grs. xxiv;
Pulv. opii., ... gr. iv.
M. Ft. pil., xij.

The vagina was syringed out once a day with carbolized water, and the bladder each morning was injected with weak carbolic water. Under the treatment she continued to improve, making a good recovery. Sutures removed on the fifteenth day. Wound found nicely healed. The pedicle ligature was removed along with the tubing on the eighth day, it having become entangled in the eyelets of the tube. The patient is now in excellent health, entirely eelieved of all vesical trouble.

BILIARY CALCULI.—Dr. Windle showed to the Birmingham Medical Society a number of biliary calculi; one, as large as a pigeon's egg, had been passed *per anum*. He asked whether it was possible for such a stone to pass through the common duct. Mr. Lawson Tait had seen, in his operations of cholecystotomy, a duct so dilated that he could almost pass his finger into the duodenum.

NERVOUS PROSTRATION. — Prof. Bartholow thus correctly defines it in reply to the question, What is meant by nervous prostration? I respond, a disease, usually functional, situated in one or more organs, during the course of which reflex disturbances of the brain occur, and numerous subjective sensations in all parts of the body are realized by the consciousness. I deny that neurasthenia is a primary nervous affection, or that it is a substantive disease. I hold that it is symptomatic and secondary. This conception fixed in the mind, the treatment of neurasthenia is successful or unsuccessful, according to the measure of our skill in localizing the initial disturbance, and in addressing our remedies to that as well as to the general state.

THE FEEDING OF INFANTS.—Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane-sugar is used to sweeten it. In the British Medical Journal, he says that for thirty-three years he has used the sugar of milk with the best results.

PROLONGED MAINTENANCE OF LIFE WITHOUT FOOD.—Dr. Chas. J. Renshaw reports, in the British Medical Journal, a case in which a cancer patient lived thirty nine days and fourteen hours supported wholly on water and morphine.

APPLICATION FOR WARTS.—Dr. Cordes, of Geneva, states (*Journal de Thérapeutique*) that he has always found the following application successful: Iodine six, crystallized carbolic acid twenty-one, and alcohol two parts and a half by weight. After scraping the wart or cutting it down to a level with the skin (without causing it to bleed), he touches the wart with a few drops of the above solution. In a minute it becomes soft, and allows of another scraping and a new application; and sometimes even a third scraping and application can be made without causing bleeding.—*Med. Times and Gazette.*

IT has been estimated that the loss to the producers from hog cholera in 1875 amounted to the enormous sum of fifteenn hundred thousand.

A NEW medical college in Cincinnati has been organized under the title of the Medical University of Ohio.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from January 12, 1884, to January 19, 1884.

Brewster, W. B., First Lieutenant and Assistant Surgeon, resignation accepted by the President, to take effect February 7, 1884. (S. O. 10, A. G. O., January 12, 1884.)